

## Big Sky Waiver 1915(c) Renewal Application Proposed Changes

<i><b>Previous Version Page Number</b></i>	<i><b>Renewal Version Page Number</b></i>	<i><b>Summary of Change</b></i>
All	All	Replaced "consumer" with "member" throughout the application
All	All	Replaced "ACS" with "Xerox" throughout the application
1	1	Updated this section to include the major changes to the application, including: members moving to the program on day 366 of participation in the Money Follows the Person grant; including Community First Choice services; the addition of a waiver-specific HCBS Transition Plan with regard to compliance with federal regulations of HCBS settings; and the changes to certain therapy services (Occupational, Physical and Speech) due to the changes in State Plan Medicaid coverage as a result of the HELP Act
2	1	Updated proposed effective date
3 and 4	2	Replaced the word "by" to "to"
7	6 and 7	Updated the Medicaid agency representative from Cecilia Cowie to LaDawn Whiteside and the State operating representative from Mary Dalton to Mary Eve Kulawik
9	8	Selected 'Adding or decreasing limits to a service or a set of services, as specified in Appendix C
9	8 and 9	Added information regarding the HCBS State Transition Plan
12	11	Updated contracted entities information
12	12	Replaced "Regional Program Officer" with "CSB staff"
17	16	Updated the information on the State's strategies to identify issues, including the implementation of SMART goals through Quality Improvement Projects.
20 and 21	19	Replaced the number of unduplicated participants with current information
22	20 and 21	Added general waiver criteria in paragraph one and added case management oversight of wait list in paragraph two
26	24 and 25	Removed onsite visits by Regional Program Officers for level of care denials
27	26	Replaced "tickler system" with "a reminder notice system"

32	29	Replaced the reference indicating that RPO's review 100% of level of care denials with CSB staff are available for consultation of level of care denials as necessary
34	31 and 32	Changed Occupational Therapy and Physical Therapy from an Extended State Plan Service to an Other Service
34	31 and 32	Separated Speech Therapy and Audiology, leaving Audiology as an Expended State Plan Service and placing Speech Therapy as an Other Service
All	All	In all service sections added HCBS taxonomy codes
45, 46 and 47	44 and 45	Updated the Service Definition to include the current federal regulations with regard to HCBS settings
54	82	Changed the service definition from an Extended State Plan Service to an Other Service of palliative therapies and maintenance therapy
56	88	Changed the service definition from an Extended State Plan Service to an Other Service of palliative therapies and maintenance therapy
61	99	Separated Speech Therapy and Audiology, changed the service definition from an Extended State Plan Service to an Other Service of palliative therapies and maintenance therapy
73	68	Under limits, replaced authorization must be obtained from the Regional Program Officer to Community Services Bureau staff
74	70	Removed reference of "registered dietician" and added second paragraph regarding nutritionist licensure requirements
88	87	Added the statement that this service is provided only when Community First Choice State Plan services do not meet the needs of the member and add limitations to include reimbursement is not available for the purchase, installation or routine monthly telephone charges
97	101	Removed sentence "Under certain circumstances, a HCBS case management team can provide supportive living."
98	103	Added language to more clearly define a vehicle modification does not include the partial purchase of an already modified vehicle
101	105 and 106	Replaced the description to include the waiver-specific HCBS Transition Plan information with regard to compliance with federal regulations of HCBS settings.
123	124 and 1125	This is a new section added to provide an explanation how residential and non-residential settings in this waiver complied with federal HCB Settings requirements
125 and 126	126 and 127	Replaced reference of "Regional Program Officer" to "HCBS Program Manager or designated CSB staff"

127	128	Replaced reference of "Regional Program Officer" to "HCBS Program Manager or designated CSB staff"
128	129	Added "and by designated CSB staff"
138	137	Replaced "RPO" with "designated CSB staff"
138	138	Replaced "RPO" with "designated CSB staff"
140	139	In last paragraph replaced "Regional Program Officer" with "designated CSB staff" and removed the last sentence
141	140	Replaced "PD" with "HCBS" throughout this section
147	146	Updated number of participants
158	153	Added this new section 'use of seclusion'
157	154	Updated the State Policy section to include addition of Community First Choice/Personal Assistance Services option and updated ARMs
163 and 164	161	Added last sentence in second paragraph including the requirement of Quality Improvement Projects; removed RPO in #2 of last paragraph; and replaced "Quality Improvement committee" with "the CSB staff"
164	161 and 162	Replaced "QI committee" with "the CSB staff" in the first paragraph and replaced "RPO" with "RPO/CMT", "CSB Central Office" with "delegated CSB staff" and "RPO QA reviews" with "QA reviews" in last paragraph
164 and 165	162	Replaced "Quality Improvement Committee" with "Activities for the quality improvement", added Quality Improvement Projects and financial accountability
165	162 and 163	This section was rewritten to add the requirement of case management providers to conduct internal audits and CSB staff will conduct desk audits of waiver claims paid by waiver member and service
168	165	Added information regarding audits of case management teams
169 and 170	166	Replaced ARM reference with an explanation of the rate determination methods used by the Department
170	166 and 167	Added more detail to the explanation of the flow of billings for waiver services
172	168	Added second selection to indicate that providers are also paid through the same fiscal agent used for the rest of the Medicaid program
173	169	Changed selection from 'no' to 'yes' and provided an explanation
176	172	Replaced word "may" with "will" in first sentence and added second sentence
178	174	Updated all fields in the Composite Overview
179	174	Updated number of unduplicated participants served
179	174	Updated average length of stay
179 and 180	174 and 175	Updated narrative description of the derivation of the estimates in the Composite Overview

180	175	Replaced "Personal Assistance" with "Community First Choice/Personal Assistance and Specially Trained Attendant Care" and separated Speech Therapy and Audiology
181 through 197	176 through 194	Updated number of users, average units per user, average cost per unit, component cost and total cost for each waiver year